



Initial Non-Compliance Notification*

Washington State Department of Ecology
Water Quality Program

Ecology Contact: _____ **Region:** _____

Incident Type: Permit Violation Order Violation Anticipated Non-compliance Bypass/Overflow Order Other _____

NPDES/State Waste Discharge #: _____ **Facility:** _____

Date of Non-compliance: _____ **Location (Outfall, Treatment Unit, or Pump Station):** _____

Description of non-compliance(s) and cause(s): _____

Has event ceased? Yes No **If so, when?** _____ **Was event due to plant upset?** Yes No

NPDES/State Waste Discharge Permit limits violated? Yes No

Start date, time of event: _____ **End date, time of event:** _____

Date, time oral notification made to Ecology? _____ **Ecology Official contacted:** _____

Date, time notification made to Dept of Health? _____ **Dept of Health Official contacted:** _____

Immediate corrective actions: _____

Preventive (long term) corrective actions: _____

Volume (Amount): _____ **Was prior Ecology authorization received for this event?** Yes No

Ecology Official contacted: _____ **Date of Ecology approval:** _____

Describe event in "Description of noncompliance and cause" area. Detail the start and end dates and times also.

Facility Representative: _____ **Title:** _____ **Date:** _____

Phone #: () _____ **Fax #:** () _____

Name of Principal Executive Officer or Authorized Agent

Signature of Principal Executive Officer or Authorized Agent

*Ecology may request a more detailed report.